



Rebuild Iowa Task Force Public Health and Health Care Meeting Notes

Governor Chet Culver
Lt. Governor Patty Judge, RIO Executive Director

**October 13, 2008 – 9:30 am – 3:30 pm
West Des Moines Learning Resource Center
3550 Mills Civic Parkway, West Des Moines, IA 50265**

Task Force Members:

Linda Larkin, Chair, Agemark Assisted Living, Fort Madison
Christopher Atchison, University of Iowa Hygienic Laboratory, Iowa City
Steve Bolie, Area XIV Agency on Aging, Creston
John Dawson, Chariton Valley Planning and Development Council, Centerville
Patricia Heiden, Oaknoll Retirement Residence, Iowa City
Terry LaBelle, Child Care Provider, Altoona
Linda Langston, Linn County Board of Supervisors, Cedar Rapids
John Lundell, University of Iowa College of Public Health, Iowa City
John McCalley, Iowa Department of Elder Affairs, Des Moines
Tom Newton, Iowa Department of Public Health, Des Moines
Alana Poage, Louisa County Public Health, Wapello
Kristin Powers, College of Natural Health, Ankeny
Julie Schilling, Lee County Health Department, Fort Madison
Senator James Seymour, Iowa General Assembly, Woodbine
Sally Titus, Iowa Department of Human Services, Des Moines
Sharon Treinen, AARP, Ackley
Lisa Uhlenkamp, Iowa Health Care Association, Des Moines

Resource Group Members:

Emma Edgington, Manchester
Representative Ro Foege, Iowa General Assembly, Mount Vernon
Tricia Hoffman-Simanek, Shuttleworth & Ingersoll, Cedar Rapids
Michael Rosmann, AgriWellness, Inc., Harlan
Michele Tilotta, Iowa Department of Public Health

Presenters:

Bill Gardam, Iowa Department of Human Services, Des Moines
Karen Hyatt, Iowa Department of Human Services, Des Moines
Kelley Pennington, Iowa Department of Human Services, Des Moines

Staff:

Sandra Lyles, Rebuild Iowa Office, Des Moines
Jon Neiderbach, Rebuild Iowa Office, Des Moines

Amelia Colwell, SPPG, Des Moines
Jennifer Furler, SPPG, Des Moines
Paritosh Kasotia, SPPG, Des Moines
Tina Potthoff, Rebuild Iowa Office, Des Moines
Bill Riley, Rebuild Iowa Office, Des Moines

Welcome and Opening Comments – Task Force Chair, Linda Larkin

Larkin welcomed group members and thanked them for the work done so far. She outlined the focus for the meeting, which was what needs to be done to ensure that recovery leads the state to a better future 10 to 15 years down the road. There will be a 120 day report to advise the Governor, Lt. Governor, and General Assembly to recommend strategies to achieve the vision for long-term recovery. There will be a combined report from all task forces, and the Rebuild Iowa Advisory Commission will meet November 6 and 7 to finalize the report.

Furler thanked the group for their work in the previous meeting, reviewed the agenda for the day, asked the group members to introduce themselves. She asked group members to give updates from their respective areas.

Member News and Updates From Around the State

A Task Force member said that Oakville is on the initial 10 community list, and there is a huge issue with decision making. From a health standpoint, physical health is very good, the local environmental health department is being redesigned, and guidelines for public health modernization are being utilized. There is a civic group in Columbus Junction raising funds to rebuild the senior center. There have been tremendous mental health resources brought into the community, which have been well received and well used.

A Task Force member said his organization has received Jumpstart funds, and they have added a staff member to coordinate recovery efforts and funding. There has been a housing buyout program implemented for homes damaged in the 2007 floods. He emphasized that rural Iowa still needs attention.

A Task Force member said the Boy Scout camp in Monona County has been reopened, and there was a tremendous outpouring of support for the Scouts and their families who were affected by the tornado. He announced that harvest is currently underway in western Iowa.

A Task Force member said that at The University of Iowa, they do not have the power plant back up and running yet. The Hygienic Lab is back up to capacity in terms of testing, and the coordinating capacity has been able to move forward because of preparedness funding, although he expressed concern that this funding may be reduced due to the economy. A Task Force member said that the Hygienic Lab had done a tremendous job and added that Iowa would be in dire straits without it.

A Task Force member said there is frustration in delays in funding in Coralville. He said that it can lead to poor decision making, especially in the residential area.

A Task Force member said the building is happening in Parkersburg, and funding has come quickly, which differs from other disasters. The city was given \$50,000 from an organization, and there are efforts to rebuild the school.

A Task Force member said that mold in basements has been a major issue in his area. They have sent out surveys to people who applied for FEMA assistance and have provided mental health support to people as well.

A Task Force member said that people on the edges of the flood affected area in Cedar Rapids have been able to start rebuilding. Parking has been an issue downtown, with contractors' presence. She said that it is troubling to see people making decisions that raise concern, and she would like to see effective case management to connect people to resources. She mentioned that the green shirts (case management teams) were good for the area, but the challenge is that they cannot reach everyone. There is a need for research on what happens post-disaster, with continuous research being done to learn from this disaster as well. The city has seen increases in sexually transmitted disease (STD) rates. Anecdotally, there have been a lot of heart attacks and strokes, which are hard to attribute to the flood disasters. There is a need to educate people to be more careful. She said that she saw an opportunity and challenge to connect resources with the folks who need it. She said that she suspects that some people have not requested alternative housing. Anxiety levels have increased in the area.

A Task Force member said that someone who has done extensive research in disaster recovery is teaching at The University of Iowa this year, and suggested that there may be capacity within student research to complete research related to disaster recovery.

A Task Force member said that there are child care providers in 99 counties. Needs include regulatory issues with space issues (i.e. not allowing doubling up) and child care providers have put together a plan to adjust for safe and healthy environments for children to maintain the continuity of care. Stress to parents and families increase when child care is no longer available. She said child care providers would like to work with the state to certify some people to alleviate lack of space and suggested the use of vouchers and incentives to allow people to open their homes for day care. Furler said that some cross cutting issues, such as child care, will need to be addressed by multiple task forces.

A Task Force member said that the flood has affected their workforce and their organization has raised \$80,000 to help workers who were affected by the disasters.

A Task Force member added that the preparedness funds are important to evaluate capacity, and communication will be important to consider for the future (i.e. identifying websites for information distribution, phone line for the Emergency Operations Center). Another area for improvement is utilizing the Code Red capability (reverse 911 system

that allows one to make a phone call to everyone in the area). A Task Force member said that her town has Code Red, and it was used for announcements of road closures and worked well.

A Task Force member said that the Department of Human Services has applied for funding.

Progress Reports – Presentation and Discussion

Lyles said that the Rebuild Iowa Office has relocated to 9th and Grand at the Wallace Building. The Office is looking to add policy and program coordination staff to move recommendations forward. Another area of staffing will be long term recovery to start with 10 communities, with outreach staff in Cedar Rapids and traveling staff in other areas. Neiderbach outlined Jumpstart funding for housing, including forgivable loans, and small businesses, including partial pay-down of Small Business Administration (SBA) loans. He said that more detailed information is located on the RIO website:

www.rio.iowa.gov

FEMA public assistance has now received \$350 million, and everyone who has requested housing has been placed. \$23 billion was appropriated by Congress recently, and the Iowa delegation is working with federal agencies to ensure that Iowa gets its fair share of funding. A Task Force member said that the local Council of Governments (COG) is distributing information, and they have been receiving calls. A Task Force member said that newspaper, television, and radio have been the primary means of outreach. They have distributed funding, and they ran out of money very quickly and have moved into the small business portion. They have conducted outreach through the 211 system, and there have been 2,000 calls regarding the housing portion of the funding so far.

Potthoff said the Rebuild Iowa Office (RIO) has been a resource for people and will soon be combined with the Flood 2008 website. On Friday, they added task force members to the RIO email list. The Iowa Concern hotline has also taken on calls during nights and weekends to answer calls to RIO. There will be a public service announcement campaign to announce Jumpstart funding and RIO activities. Furler said that it might be a matter of telling people that they are eligible for funding. A Resource Group member said that she visited the Eastern Iowa Council of Government (COG), where people filled out their paperwork and left with checks within 30 minutes.

Public Health Update, Iowa Department of Public Health (IDPH)

Director Tom Newton said that during the last meeting, there was concern expressed about lost printed material and extending capacity with the tetanus vaccine, and both were denied for reimbursement. Many program areas will need to dip into local grants to replace printed materials. There has been reimbursement for environmental health and public health teams. There have been some West Nile virus cases in Iowa, and there are still issues with mold, about which IDPH is receiving calls. There is money available to test drinking water and wells, and there is a need to do research on the impact to

water quality and well structural integrity. IDPH continues to monitor substance abuse, and whether Iowa has seen increased rates is not yet clear.

With regard to uniform public health services, IDPH has drafted a Governmental Public Health System Modernization Act, which would create standards modeled after the trauma system in Iowa and would have an Advisory Board to review standards and an Evaluation Committee to evaluate impact. This has been submitted to the Governor's Office and pending their approval, will be a part of the legislative efforts this year. \$600 million of the \$23 billion in supplemental funding was designated for public health and health efforts in the form of Social Services Block Grants. A Task Force member said that it would be useful to coordinate lobbying efforts for further supplemental funding. The \$600 million will be used for multiple disasters and has to be expended by September 2009, which may also be a challenge. Another supplemental funding is expected to be passed in February or March. The Governor has been advocating for the quick release of funds.

Older Iowans Update, Iowa Department of Elder Affairs (DEA)

Director John McCalley said that with regard to elder Iowans, meal kitchens that were damaged have alternative sites, and two meal kitchens have been completely rebuilt. Some kitchens have applied for small business loans, and no meal service was interrupted at all. Contracts may be challenging to maintain because of regular site needs. Significant mental health challenges have arisen, and state departments have been collaborating to request funding for the appropriate agency to coordinate mental health services, which is DHS. There is uncertainty regarding federal aid and when it might arrive. DEA continues outreach efforts on a daily basis, and they are working from a list of FEMA applicants 60 and older with outreach by phone and other means. Local long term recovery committees have involved representatives from elder affairs, but there is discrepancy between local groups and their progress. McCalley encouraged the group to contact people at the local level and FEMA to ensure that work is progressing.

There are a lot of undetected needs for people who might be staying with relatives and may just now be returning to their homes. He said that mold issues have surfaced as people use their furnaces. There is a need for weatherization for housing, budgets are being stretched to address home repairs, and there is concern expressed by rising energy costs. Area agencies are concerned about older adults needing to reenter the workforce because of the increased cost of living. Energy assistance, employment, housing and home repair will be critical to addressing the needs of older adults following the disasters.

A Task Force member said she was concerned about misinformation about mold, which is only a problem if people are allergic to mold. She said there needs to be information out there about when mold is a problem, and the Centers for Disease Control (CDC) website and IDPH materials are good resources. She said carbon monoxide is another issue to consider. A Task Force member added that people cannot over-communicate, and resources from the Rebuild Iowa Office will be useful and an ongoing challenge. There is a need to talk to media outlets to leverage opportunities. Potthoff said that

there is a point of contact meeting every other Friday to meet with representatives from state agencies to collaborate on issues.

A Task Force member brought up the issue of tetanus shots not being reimbursed. People have expressed concern about drinking water, and local public health agencies have distributed information and have volunteered to test drinking water.

Titus said that there is a funding request in for child care and mental health services. They sent staff to Louisiana to process emergency food stamps, and for the first day, there were 30,000 people in line to sign up, which emphasizes need for other areas of the country. The Medicaid uptake in Iowa increased by 11,000 people in one month, and the food stamp program has seen similar increases, which can also be due to economic situations. They have not seen a concrete pattern in dependent adult abuse or child abuse. Holidays are usually pressure points for families, and they will continue to monitor the situation.

Human Services Update, Iowa Department of Human Services (DHS)

Bill Gardam, Kelley Pennington, and Karen Hyatt gave an update on the disaster mental health program. Gardam noted that since the eligibility was extended, that may have contributed to additional numbers in Medicaid utilization. Hyatt distributed a handout on the phases of the disaster recovery process. Hyatt said that outreach workers have seen similar concerns, such as day care, housing, older adults, and mold. They have seen a change in the frustration level, especially in anxiety and concern. Outreach workers are disseminating information on mold, and Hyatt said that they can include additional information if people have needs for distribution. They are seeing a lot of referrals and the aim is to provide preventive services. To access mental health services, people can call the Iowa Concern hotline. In Butler County, an individual was concerned about a child's discussion of suicide, even though the family was in the rebuilding phase. People do not always catch up mentally to the physical signs of recovery. Within an hour, an outreach worker visited the family and arranged for transportation to admit the child and follow-up to refer them to community resources. Hyatt emphasized the need to not assume that mental health recovery has taken place, just because physical recovery is in place.

Hyatt said that University of Iowa students who have disabilities have not been able to participate in relocated musical and arts classes and activities, and outreach workers have worked with students to think of adaptations and address their anxieties. Pennington referenced the handouts and statistics kept by outreach workers, which are updated weekly. She said that they are trying to access people through places where people congregate (i.e. small town gas stations, schools, employers, etc.). DHS continues to see a large number of first contacts. Over 40% of initial visits last longer than 30 minutes, and there is a need to talk for an extended time period. Currently, people are in the disillusionment phase with funding and economic frustrations. They have seen almost equal amounts of males and females accessing services. Almost 97% had home damage, and 88% witnessed community destruction. Outreach workers have these risk factors in addition to others. The number of referrals to mental health

services has increased over the weeks following the disaster, so they anticipate increased access to community mental health services. Outreach is targeted to disaster affected areas, and DHS is working on an application with the Substance Abuse and Mental Health Services Administration (SAMHSA) to extend outreach for another nine months and provide professional therapeutic services for people.

A Task Force member asked if there is interface with Central Points of Coordination (CPCs), who are typically funders who funnel money into community mental health services. Hyatt said that they have been coordinating with CPCs to collect information. A Resource Group member asked about the application timeline, and Gardam said that SAMHSA requested some revisions and have extended the timeline. They have identified 80,000 people as possibly in need of mental health services. Hyatt said that the unique aspects of this disaster have allowed for flexibility. A Task Force member requested the handouts be made available electronically.

A Task Force member said that the funding request for child care centers has been \$2.5 million, and they have had a hard time accurately projecting the implications for the child care assistance program. Part of this funding would extend the eligibility period, and they have projected estimates based on the number of people who were signed up during the disaster period. DHS worked with resource and referral centers to determine impacts. Nationally, there is a conversation about thinking about child care assistance. Furler said she has followed up with the Child and Family Policy Center and regional assessments of providers, who indicated that 2 of 1,200 licensed child care centers are not yet functioning in the Black Hawk County area.

A Task Force member said that no one knows about the federal tax relief package, which will be beneficial to them and told RIO staff that it would be helpful for them to undertake tax relief issues as a part of awareness. It will be important for foundations within communities to be aware of the issues.

A Resource Group member said that his two primary concerns have been housing and longer term mental health, with delayed reactions to trauma. He outlined hidden issues that farm people are having, such as cardiovascular issues.

A Guest said that FEMA long term recovery teams are working with communities to rebuild smarter and stronger. A Resource Group member said that 84 counties were declared eligible for individual assistance and asked how they are being served with regard to mental health services. Hyatt said that disaster funding is not limited to the 29 targeted counties, and many counties have incorporated disaster response into their usual capacity.

Task Force Issues Review

Furler reviewed the charge to the task forces, with regard to long term vision and mentioned that immediate recommendations will continue to move along. She reviewed Task Force recommendations, which included:

1. Mental health services should be available statewide in local communities for individuals impacted by the disasters.
 - a. Strategies:
 - i. Provide resources to enhance the capacity of the emergency mental health program.
 - ii. Communicate with individuals in community institutions and organizations to educate them related to signs of mental health issues and where to make referrals for assistance.
 - iii. Conduct a broad statewide awareness campaign to provide information to the public and help remove the stigma associated with seeking assistance.
 - iv. Explore options to provide additional capacity for counties to generate revenue to meet demands of regular and increased requests for mental health services.

A Task Force member said that mental health also includes substance abuse.

2. State and local organizations should monitor demands on critical public health and health programs and provide resources to ensure adequate capacity.
 - a. Strategies:
 - i. Provide resources for public health disease and injury surveillance and monitoring as well as the immunization program.
 - ii. Monitor gaps in support for recovery of nonprofit organizations and provide state funding support through loans or grants.
 - iii. Monitor increases in substance abuse, adult and child abuse and ensure that an appropriate service capacity exists to respond.
3. The state should identify policy barriers that prevent the use of existing resources for disaster recovery and implement greater program flexibility.
 - a. Strategies:
 - i. Remove barriers associated with the Senior Living Program to access resources to assist older Iowans services and supports for recovery.
 - ii. Identify other programs across disciplines within state or locally affiliated agencies with resources that might be leveraged for recovery.
4. The state, in partnership with local agencies, should strengthen the public health and health care infrastructure for current and future disaster response.
 - a. Strategies:
 - i. Implement state and local public health standards that have been outlined as part of Iowa's redesigning public health initiative.
 - ii. Build local and state response capacity by developing and utilizing coordinated plans for statewide behavioral health response, shelter response, and shelter response teams.

5. The state should provide for the broad health needs of individuals in times of disaster.
 - a. Strategies:
 - i. Rebuild physical infrastructure to support greater quality of life, access, and mobility for the elderly and persons with disabilities.
 - ii. Provide case management services to help individuals and families navigate the system and access resources to assist them in recovery.
 - iii. Develop plans for health workforce needs and mobility in times of disaster.
 - iv. Develop plans at the local and state level for emergency special needs sheltering for individuals with health care or other unique needs.

Furler noted that the Commission categorized recommendations as immediate and subsequent. The Task Force will need to use the subsequent recommendations to build on work that has been done. Case management has been undertaken regarding housing, health care, applying for assistance, shortcutting local, state and federal red tape, and information on decision making. A Task Force member said that people are being sent to public health for home health services that are no longer covered by IowaCares. A Task Force member asked if health care included mental health and substance abuse, and Furler said she thought it was all encompassing.

Furler reviewed Commission recommendations, which included expediting the flow of funds from the federal level; creating funding options and flexibility to local governments; providing incentives for small businesses, microenterprises, and nonprofits; completing floodplain mapping for the entire state; providing resources and capacity to ensure public health is maintained; providing advice and support to those affected by the disasters through a case management framework; and ensuring immediate needs housing for all who need to be relocated before cold weather arrives.

Subsequent recommendations included:

- Provide incentives for small business and nonprofits.
- Investment in local emergency management agencies for central coordination work.
- Support integrated, regional planning to address recovery and leverage multi-jurisdictional strengths for ongoing initiatives.
- Promote and support communications and outreach initiatives to educate and support Iowans as they recover and plan for future disasters.
- Move state policy forward and lead the discussion with regional and local interests on floodplain and watershed management.
- Sustain community identity, quality of life, and cultural heritage.
- Continue to provide advice and support to individuals seeking assistance in making their way through the challenges of rebuilding their lives in a “case management” framework while creating a lasting organizational capacity and process over time.

- Ensure availability of adequate, affordable housing and the ability of individuals and families to rent or purchase those homes.
- Complete floodplain mapping for the entire state as begun under the immediate action items.
- Identify, create, and sustain funding options and provide flexibility for local and state governments to assist Iowa in rebuilding an even better Iowa.

A Task Force member said that the rent issue was contained, but there are continual issues with decisions made to sell their homes for very low prices. She said that there have been fraudulent practices in place, but there is a lack of capacity to track these cases and educate people to make informed decisions. In buyouts, if a person sells their house, that is the assessed value of the house. Larkin suggested that the Board of Realtors and the Recorder's Office may be an appropriate venue to address that issue.

Identify Priority Issues for Achieving Long Term Recovery

Furler thanked the group for a productive morning and reviewed the purpose of the meeting as making long-term recommendations and outlining detailed strategies for the first round of recommendations. A Task Force member brought up the issue of funding cycles after a disaster because of unpredictability. There was discussion about the infrastructure that is needed to respond to disasters and the possibility of a state commitment to preparedness to respond to disasters. Another Task Force member said that the Cedar Rapids area has seen some success with the case management approach and suggested that it could be implemented much more broadly, giving people the flexibility and ability to do it, particularly when areas are in crisis. Another Task Force member said that the case management system could have a point of information gathering and the capacity to share information.

A Task Force member suggested that there could be an expansion of public health to create capacity to complete assessments. There was discussion about the need for research on best practices and strategies that worked well during the disasters to share with local communities to inform planning efforts. Furler asked what the appropriate mechanism for this idea would be, and a Task Force member suggested that it could be a state level response. It was also suggested that frontline workers from all entities come together to share ideas and collaborate, with the supports to get there, which may involve the Legislature.

Furler directed the group to the case management handout included in the folders. The case management system is a network of faith and community based organizations that volunteered their time and resources to respond to disasters.

A Task Force member mentioned that in long-term recovery, some have the potential to work very well but others are still developing to provide effective services. Programs such as Jumpstart need to have some state framework so that there is a protocol on how to respond. Additionally, communication with hospitals is also critical. Many times, it is hard to know which victims need specific care, such as mental health.

A Task Force member talked about pandemic drills, which used an instant command infrastructure and said that for a magnitude of the flood event, the National Emergency Management System (NEMS) should be in place. This will allow responders to have a certain level of familiarity and practice and would know how to respond.

There was a discussion on looking at what has worked. The members agreed that there should be some type of report or gathering of information on how NEMS could help counties in these disasters. Furler asked if there is consistency for after-action reporting. A Task Force member said that counties have to follow Homeland Security specifications; however, there are organizations that are not as willing to participate. Lyle said that the Iowa Department of Public Health developed a report that is part of our continuous improvement and action plan. Larkin asked who receives this information and how it is compiled. Lyle said that the report goes to Director Newton and Homeland Security. A Resource Group member said that at the national level, there are organizations such as the United States Department of Agriculture (USDA) that collect information and perhaps these are the best places to get information. Unlike Nebraska, which has disaster behavioral health system which integrates components, Iowa has different agencies respond in their areas of expertise. There was a suggestion to integrate all the information, since some of that data is available at the state level.

A Resource Group mentioned that another gap is the piecemeal approach that the state takes and expressed that there is a need to have a ready response structure of people that respond at all times to health and human service needs. Furler said that the state response framework has been talked about in other Task Force meetings.

A Task Force member talked about the child care professional. After a disaster, many child care providers find themselves in a crisis, which marks the end of their business. There was discussion about the possibility of the state creating an action plan or a guide that is statewide and would encourage providers to work together. Another Task Force member said that counties tend to hold on to their authority very tightly, so when there are talks to make things statewide, there is a resistance from these counties. A Task Force member said that a state approved framework will allow for consistency and will create a response back-up.

Furler asked if the group would like to work on the strategies for preparedness. A Task Force member said that their local preparedness is like a creative writing project, and the plans are not taken seriously, which is a bigger problem. A Task Force member talked about the mandatory test in Palo due to a nuclear plan that determines whether local agencies are prepared for a disaster. The group agreed that communities will not necessary take action unless there is an oversight in place. The group agreed that there is a need to have mandatory coordinated planning and exercise.

A Task Force member said that the key aspects of the preparedness plan should be non-negotiable, and critical elements need to be defined, with flexibility for how to implement the plan. Another Task Force member said that there is a need for standardization as well. She gave an example of an Area Agency on Aging that uses a

different format to establish the same standard. The group agreed that the resistance at the local level will be due to the resources it will take, but the plan should be outcome-based. A Task Force Member said that the Bio Preparedness Fund allows for county and regional funding.

A Task Force member said that the state should continue to support and build regional capacity. As federal funding diminishes, pressure is being put on the regional level. Another issue is that the standards that are being used for the Public Health Modernization Act have requirements around preparedness. The third issue is that public health is extremely underfunded. In 2006, the United Health Foundation conducted a study and Iowa was ranked 50th in per capita public health spending. Larkin asked why Iowa was ranked 50th. The Task Force member said that Iowa has a \$50 per capita spending rate, compared to Minnesota, which has a \$150 per capita spending rate. Extra money will allow funding for public health programs that would include immunization, health promotion, substance abuse, and disaster responsiveness.

A Task Force member informed the group that region five will be doing a region-wide exercise and encouraged everyone to try to participate in some way even if only by observation. The exercise involves 17 counties that are working together, and the counties have used preparedness funding in Louisa County to update standards.

A Task Force member said that there is an overlap in preparedness that involves research and coordination. AARP did a conference call on using effective volunteers during the floods, and the findings were strongly focused on mental health issues. The call raised issues regarding the mental health status of people over age 60. On December 8, AARP is working with local officials in Cedar Rapids and Waterloo and will address both the physical and mental health issues for providers, as well as victims. Furler asked the Task Force members to share any information related to events or research with her and she will share it with the entire group.

A Task Force member said that it was very difficult for local public health people to connect with local emergency officials due to lack of communication mechanisms and said that it would have been helpful to have assigned state employees who could go to the Emergency Operations Center (EOC) and have a direct line of communication with state agencies. Larkin said that she saw the RIO as that connecting agency with the borrowing of staff from different agencies.

A Task Force member said that the recommendations should be followed by a strategy that recognizes a dual-use concept, which means that there is an infrastructure developed and operated in many ways but is usable for a disaster. Palo did not face any human fatalities because they did those things. Providers need to be debriefed, which requires establishing a network for provider debriefing.

There was discussion on creating shelters for meeting the needs of individuals with special needs. A Task Force member said that it would have been great to have mental health counselors in the EOC. Furler asked how it went with mental health providers in

communities. A Resource Group member said that additional staff members were provided to address the mental health issues. Another Task Force member said that faith-based agencies saw some mental health affects among their constituents. A Task Force member pointed out that the lack of adequate, affordable housing contributes to these issues. A Task Force member said that organizations such as the American Red Cross need to integrate people with special needs into the mainstream population, and shelters should accommodate people with special needs. A Task Force member said that shelters have concerns for people's safety, and sometimes, some health issues require a different kind of environment. People are sometimes transferred to special needs facilities to ensure that their needs are being met with adequate resources.

There was discussion on the media response to disasters. A Task Force member said that part of the problem was that the national press was gone in a few days, and the state was not prepared to portray the flood stories. She suggested that the state be more strategic and proactive about communication with the media. Another Task Force member said that key elements need to be in place on an ongoing basis, and capacity development should be coupled with a systematic approach to define what is expected of service providers. She said that if the state takes the regional planning approach, it must ensure that individuals have the capacity to provide basic health and mental health services.

Larkin asked if students in school are taught how to respond to emergencies and suggested that all populations could benefit from instruction on the topic. Another Task Force member said that there needs to be a mechanism in place that validates a person's ability to provide services.

Health Workforce Strategies

There was a discussion on planning for the limited health workforce. A Task Force member said that there are not enough people who are trained to fill in gaps during disasters; when a few people are overworked without rest, the quality of service depreciates. There was a suggestion of the need to secure a robust health care workforce, as well as a primary and secondary road system that allows for good transportation, including alternative strategies for transportation when it is comprised. A Task Force member said that continuity of government planning is needed to ensure that there is an adequate workforce. The Task Force agreed that it is a good idea to involve retirees who might be interested in working part-time, especially during times of crisis. A Resource Group member expressed the need to have an Emergency Behavioral Health Response Team, which was started several years ago but was discontinued. There was discussion of the need for the team to receive continuing education and that it should be representative of the cultures that make up Iowa's population.

Response Framework

A Task Force member said that an ongoing surveillance system is needed. Furler asked people how they understood case management. A Task Force member said that case management should expand during an emergency, which means having a group ready

who can respond during a disaster. Another Task Force member said that barriers need to be eliminated that constrain access to services, including rules.

The group agreed that utilizing university medical students during times of crisis would be a good strategy, although a mechanism will need to be developed that addresses how they are activated, who supervises them, verification, and liability issues, etc. A Task Force member said that this can be followed around the nurse delegation model. The group agreed that this is a good idea but one that will require more thought.

Other Issues and Strategies

The group established that a ten year goal would be for the state to develop a statewide disaster plan, which will require some sort of coordination at the state level. The group raised the issue of whether a statewide plan already exists. A Task Force member said that there is a statewide hazard mitigation plan that might include strategies. Larkin said that the Department of Natural Resources will be an appropriate agency to deal with watershed issues. There was discussion about the political will to address watershed issues. Furler said that some of the other Task Forces are addressing this issue, and Colwell said that the Agriculture and Environment Task Force has discussed watershed issues, including conservation practices and coordinating with other states to do regional planning.

A Task Force member said that the Iowa Disease Surveillance system needs to look at ways to deal with outbreaks at the local level. Furler said that livable communities and quality of life was listed in the last Task Force report and asked if other ideas need to be added. A Task Force member said that all departments need to sit together and discuss the same issue and that if this can be promoted, it will be a big change. There is a need to see that the process is logical and the end product is user-friendly. A Task Force member suggested that federal funding requests and lobbying regarding disaster relief be conducted in a coordinated way.

A Task Force member said that needed research will not happen without good data and access to data, which will require cooperation with state departments to share data. A Resource Group member said that areas that slip through the cracks are populations of people with disabilities between the ages 18 to 60. Larkin said that the Task Force should encourage the state to build accessible structures with wider doorways and should implement green building standards and universal design.

There was discussion on requesting FEMA to be more agile in a disaster situation. A Resource Group member said that this goes both ways to understand the role of FEMA.

There was discussion about the need for mental health and substance abuse entities to collaborate to ensure that people's needs are met. A Resource Group member said that the mental health and substance abuse state agency staff members have started to work together, and there is also more recognition of the connection between the two issues at the national level. There was discussion about where domestic violence and

gambling addictions would fall. A Task Force member raised the issue of developing the nursing workforce.

Furler asked if ongoing monitoring and surveillance is something that needs to be carried further, and the group agreed that it is an important perspective. A Task Force member asked how transparent the reimbursement from FEMA was. She said that a lot of people used their own funding to provide immediate relief, and now, people are wondering whether they are eligible for reimbursement. Another Task Force member said that many agencies are facing similar issues. In a time of emergency, people see the need and pay for it, but find out that at some cases, their costs are not refundable.

Furler thanked everyone for their input and mentioned that notes will be finalized and will be the primary product. One report from all Task Forces will go forward to the Commission who will then create the 120-day report. Larkin thanked everyone for bringing forth important issues and adjourned the meeting.